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**USDC** - Oregon

## UNITED STATES DISTRICT COURT DISTRICT OF OREGON EUGENE DIVISION

aura De Block	Civil Case No. 6:12-CV-01008-AA  (to be assigned by Clerk of the Court)
nter full name of plaintiff(s))	MOTION FOR APPOINTMENT
Plaintiff(s),	OF PRO BONO COUNSEL
v.	
uView Systems, Inc.	
nter full name of ALL defendant(s))	
Defendant(s).	
the limited purpose of reviewing an for mediation or settlement; OR for all purposes.  To support this motion, I declare under penalty	
	strating my inability to pay the cost of an attorney.
<ol> <li>I have made the following diligent effort because of my poverty:</li> </ol>	ts to obtain legal counsel but have been unsuccessful
I have contacted five lawyers and discussed m	ny case with them. They were either unwilling to
take my case on a contingency or they wanted	a ten to fifteen thousand dollar retainer upfront.
<ol> <li>I need appointed counsel to assist me be already have a case in process with the United</li> </ol>	
1/18/2013	Thura De Black
DATE	SIGNATURE OF APPLICANT
	Laura De Block
	DDINITED NAME OF ADDITO ANT

Revised August 10, 2010

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## **AFFIDAVIT**

In support of my Motion for Appointment of Pro Bono Counsel, I answer the following questions under penalty of perjury: Are you currently incarcerated? Yes No 1. If "Yes" state the place of your incarceration: Are you currently employed? Yes ✓ No Self-employed 2. If the answer is "Yes," state: Employer's name: Employer's address: Amount of take-home pay or wages: \$ per \_\_\_\_\_\_(specify pay period) b. If the answer is "No," state: Name of last employer: NuView Systems, Inc. Address of last employer: 200 Brickstone Square Andover, MA 01810 Date of last employment: Amount of take-home salary or wages: \$ 5950.00 per month (specify pay period) 3. If the answer is "Yes," state: Employer's name: Employer's address: Amount of take-home pay or wages: \$ per \_\_\_\_\_(specify pay period) 4. In the past 12 months have you received any money from any of the following sources? Business, profession or other self-employment Yes No a. If "Yes," state: Amount received: \$ \_\_\_\_\_ Amount expected in future: ✓ Yes No b. Rent payments, interest, or dividends **\$** 1,000.00 If "Yes," state: Amount received: § 250.00 per month Amount expected in future:

	c.	Pensions, annuities, or life insurance payments Yes V No
		If "Yes," state: Amount received: \$
		Amount expected in future: \$
	d.	Disability or workers compensation payments Yes V No
		If "Yes," state: Amount received:
		Amount expected in future: \$
	e.	Gifts or inheritances Yes 🗸 No
		If "Yes," state: Amount received: \$
		Amount expected in future: \$
	f.	Any other sources Yes V No
		If "Yes," state: Source:
		Amount received: \$
		Amount expected in future: \$
5.	(inclu	ou have cash or checking or savings accounts?  Yes No ding prison trust accounts)?
	If "Ye	es," state the total amount: 3,000.00
6.		ou own any real estate, stocks, bonds, securities, other financial instruments, automobiles valuable property?
	If "Ye	es," describe the asset(s) and state the value of each asset listed.
		e - I still owe more than the value of the house.
		2009 Pontiac Vibe - \$6,000.00 PT Cruiser - \$2,000.00
		le IRA - \$78,440.68 - (I won't be able to access this money for over 10 years)
	Roth	IRA - \$43,295.86 - (I won't be able to access this money for over 10 years)
7.	Do yo	ou have any other assets? Yes V No
	_	<del></del>
	If "Ye	es," list the asset(s) and state the value of each asset listed.
	***********	<del></del>
		<del> </del>

8.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? Yes No		
	If "Yes," describe and provide the amount of the monthly expense.		
	Mortgage - \$437.00 and a Home Equity Loan - \$90.00		
	Phone - \$100.00		
	Electricity - \$200.00		
	Cable - \$70.00		
	Car Insurance - \$325.00		
9.	List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.  none		
10.	Do you have any debts or financial obligations? ☐ Yes ☑ No  If "Yes," describe the amounts owed and to whom they are payable.		
	1/18/2013 DATE SIGNATURE OF APPLICANT Laura De Block PRINTED NAME OF APPLICANT		